

1993

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*.....

Place of Birth

Inspiration
(Registration District)

County

Miami Ariz

No.....

St.

SEX OF CHILD* Twin
F. Triplet
or other? { and } Number
in order
of birth

DATE OF BIRTH*

5 - 22 - 16
(Month) (Day) (Year)FULL
NAME

FATHER

*Francisco Diaz*FULL*
MAIDEN
NAME

MOTHER

*Manuela Diaz*I HEREBY CERTIFY that the child described
herein has been named*Celia, Rita Diaz*
(Give name in full) (Surname)*Manuela C. Diaz*
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

10M-8-42-Bower Co.

X 349.522-949